

QUARTERLY STATEMENT

OF THE

Ohio Dental Association Wellness Trust

TO THE

Insurance Department

OF THE

STATE OF

**FOR THE QUARTER ENDED
SEPTEMBER 30, 2017**

HEALTH

2017

RECEIVED

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**OFFICE OF RISK
ASSESSMENT**



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017
OF THE CONDITION AND AFFAIRS OF THE
Ohio Dental Association Wellness Trust

NAIC Group Code	0000 (Current)	NAIC Company Code	00117	Employer's ID Number	47-6503449
Organized under the Laws of	Ohio	State of Domicile or Port of Entry			OH
Country of Domicile	United States of America				
Licensed as business type:	Other				
Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Incorporated/Organized	01/07/2015	Commenced Business	03/01/2015		
Statutory Home Office	1370 Dublin Road (Street and Number)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1370 Dublin Road (Street and Number)	614-486-2700 (Area Code) (Telephone Number)			
Mail Address	1370 Dublin Road (Street and Number or P.O. Box)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1370 Dublin Road (Street and Number)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.odawt.org				
Statutory Statement Contact	Ryan Davis (Name) rdavis@healthcoopstrategies.com (E-mail Address)	678-300-3508 (Area Code) (Telephone Number) (FAX Number)			

OFFICERS

President	Thomas Paumier DDS
Secretary	Jeffery Benton

OTHER

DIRECTORS OR TRUSTEES

Michael Gallagher DDS Wayne Marshall	Thomas Kelly DDS Thomas Matanzo DDS	Ronald Lemmo DDS
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State of Ohio
County of Columbus SS: _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers encompasses the related statement concerning electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement, when electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Thomas Paumier, DDS
President

Jeffery Benton
Secretary

W. Ken Southerland
COO

Subscribed and sworn to before me this
13th day of November, 2017
Mary Cassie Felson

a. Is this an original filing?
b. If no,

1. State the amendment number
2. Date filed
3. Number of pages attached

Yes No



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(Name) (Area Code) (Telephone Number)

rdavis@healthcoopstrategies.com, (E-mail Address) (FAX Number)

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Secretary Jeffery Benton

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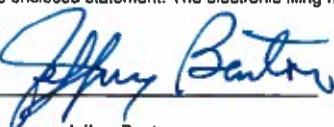
DIRECTORS OR TRUSTEES

Michael Gallagher DDS Thomas Kelly DDS Ronald Lemmo DDS
Wayne Marshall Thomas Matanzo DDS

State of Ohio
County of Columbus SS:

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Thomas Paumier, DDS
President


Jeffery Benton
Secretary

W. Ken Southerland
COO

Subscribed and sworn to before me this 13th day of November, 2017
Mary Casie Felson

a. Is this an original filing? Yes No
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
2. Stocks:			0	0
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:			0	0
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:			0	0
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ _____ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 3,131,642), cash equivalents (\$ _____) and short-term investments (\$ _____)	3,131,642		3,131,642	2,705,874
6. Contract loans (including \$ _____ premium notes)			0	0
7. Derivatives			0	0
8. Other Invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,131,642	0	3,131,642	2,705,874
13. Title plants less \$ _____ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:			0	0
15.1 Uncollected premiums and agents' balances in the course of collection	25,734		25,734	36,169
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ _____ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$ _____) and contracts subject to redetermination (\$ _____)			0	0
16. Reinsurance:			0	0
16.1 Amounts recoverable from reinsurers	192,538		192,538	240,039
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$ _____)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$ _____) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	6,256	0	6,256	3,539
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,356,170	0	3,356,170	2,985,621
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	3,356,170	0	3,356,170	2,985,621
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. MNO Receivable	6,256		6,256	3,539
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	6,256	0	6,256	3,539

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded) _____	1,350,938		1,350,938	1,569,977
2. Accrued medical incentive pool and bonus amounts _____			0	0
3. Unpaid claims adjustment expenses _____			0	0
4. Aggregate health policy reserves, including the liability of \$ _____ for medical loss ratio rebate per the Public Health Service Act _____			0	0
5. Aggregate life policy reserves _____			0	0
6. Property/casualty unearned premium reserve _____			0	0
7. Aggregate health claim reserves _____			0	0
8. Premiums received in advance _____	657,116		657,116	254,423
9. General expenses due or accrued _____	203,667		203,667	189,581
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) _____			0	0
10.2 Net deferred tax liability _____			0	0
11. Ceded reinsurance premiums payable _____	103,401		103,401	81,691
12. Amounts withheld or retained for the account of others _____			0	0
13. Remittances and items not allocated _____			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) _____			0	0
15. Amounts due to parent, subsidiaries and affiliates _____			0	0
16. Derivatives _____			0	0
17. Payable for securities _____			0	0
18. Payable for securities lending _____			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) _____			0	0
20. Reinsurance in unauthorized and certified (\$ companies) _____			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates _____			0	0
22. Liability for amounts held under uninsured plans _____			0	0
23. Aggregate write-ins for other liabilities (including \$ current) _____	5,169	0	5,169	57,348
24. Total liabilities (Lines 1 to 23) _____	2,320,291	0	2,320,291	2,153,020
25. Aggregate write-ins for special surplus funds _____	XXX	XXX	0	0
26. Common capital stock _____	XXX	XXX		
27. Preferred capital stock _____	XXX	XXX		
28. Gross paid in and contributed surplus _____	XXX	XXX	405,662	405,662
29. Surplus notes _____	XXX	XXX	500,000	500,000
30. Aggregate write-ins for other than special surplus funds _____	XXX	XXX	0	0
31. Unassigned funds (surplus) _____	XXX	XXX	130,217	(73,061)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$) _____	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$) _____	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) _____	XXX	XXX	1,035,879	832,601
34. Total liabilities, capital and surplus (Lines 24 and 33) _____	XXX	XXX	3,356,170	2,995,622
DETAILS OF WRITE-INS				
2301. ACA Fee Payable _____	5,169		5,169	57,348
2302. _____				
2303. _____				
2398. Summary of remaining write-ins for Line 23 from overflow page _____	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) _____	5,169	0	5,169	57,348
2501. _____	XXX	XXX		
2502. _____	XXX	XXX		
2503. _____	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page _____	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) _____	XXX	XXX	0	0
3001. _____	XXX	XXX		
3002. _____	XXX	XXX		
3003. _____	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page _____	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) _____	XXX	XXX	0	0

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date		Prior Year Ended December 31	
	1 Uncovered	2 Total	3 Total	4 Total		
1. Member Months	XXX	28,947	27,146	35,192		
2. Net premium income (including \$ non-health premium income)	XXX	11,466,284	9,938,423	13,194,467		
3. Change in unearned premium reserves and reserve for rate credits	XXX					
4. Fee-for-service (net of \$ medical expenses)	XXX					
5. Risk revenue	XXX					
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0		
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0		
8. Total revenues (Lines 2 to 7)	XXX	11,466,284	9,938,423	13,194,467		
Hospital and Medical:						
9. Hospital/medical benefits		7,813,704	5,949,046	8,312,190		
10. Other professional services						
11. Outside referrals						
12. Emergency room and out-of-area						
13. Prescription drugs		1,739,820	1,616,149	2,226,726		
14. Aggregate write-ins for other hospital and medical	0	0	0	0		
15. Incentive pool, withhold adjustments and bonus amounts						
16. Subtotal (Lines 9 to 15)	0	9,553,524	7,565,195	10,538,916		
Less:						
17. Net reinsurance recoveries		192,538	181,708			
18. Total hospital and medical (Lines 16 minus 17)	0	9,360,986	7,383,487	10,538,916		
19. Non-health claims (net)						
20. Claims adjustment expenses, including \$ cost containment expenses		772,178	718,213	958,316		
21. General administrative expenses		1,129,841	1,021,008	1,316,304		
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0		
23. Total underwriting deductions (Lines 18 through 22)	0	11,263,006	9,122,708	12,813,536		
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	203,278	815,715	386,302		
25. Net investment income earned		0		0		
26. Net realized capital gains (losses) less capital gains tax of \$						
27. Net investment gains (losses) (Lines 25 plus 26)	0	0	0	0		
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]						
29. Aggregate write-ins for other income or expenses	0	0	0	5,371		
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	203,278	815,715	386,302		
31. Federal and foreign income taxes incurred	XXX					
32. Net income (loss) (Lines 30 minus 31)	XXX	203,278	815,715	386,302		
DETAILS OF WRITE-INS						
0601.	XXX			0		
0602.	XXX			0		
0603.	XXX			0		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0		
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0		
0701.	XXX					
0702.	XXX					
0703.	XXX					
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0		
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0		
1401.						
1402.						
1403.						
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0		
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0		
2901. ACA Fees Collected	5,168			92,615		
2902. ACA Fees Expensed	(5,168)			(67,244)		
2903.						
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	5,371		

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

STATEMENT OF REVENUE AND EXPENSES (Continued)

	¹ Current Year to Date	² Prior Year to Date	³ Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	832,601	442,346	442,346
34. Net income or (loss) from Line 32	203,278	815,715	386,302
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets		3,950	3,953
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	203,278	819,675	380,255
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,035,879	1,262,021	832,601
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	11,901,122	9,913,959	12,905,264
2. Net investment income	0	0	0
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	11,901,122	9,913,959	12,905,264
5. Benefit and loss related payments	9,532,524	6,738,990	10,036,673
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,946,371	1,833,764	2,366,796
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ _____ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	11,478,895	8,572,754	12,403,469
11. Net cash from operations (Line 4 minus Line 10)	422,227	1,341,205	501,795
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	500,007	500,000
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	500,007	500,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	422,227	1,841,212	1,001,795
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,709,413	1,707,618	1,707,618
19.2 End of period (Line 18 plus Line 19.1)	3,131,640	3,548,830	2,709,413

Note: Supplemental disclosures of cash flow information for non-cash transactions.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10
		Total	2 Individual	3 Group			Medicare Supplement	Vision Only	Dental Only		
Total Members at end of:											
1. Prior Year		3,022	0	0	3,022	0	0	0	0	0	0
2. First Quarter		3,226	0	0	3,226	0	0	0	0	0	0
3. Second Quarter		3,209	0	0	3,209	0	0	0	0	0	0
4. Third Quarter		3,193	0	0	3,193	0	0	0	0	0	0
5. Current Year		0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months		28,947			28,947						
Total Member Ambulatory Encounters for Period:											
7. Physician		2,976			2,976						
8. Non-Physician		22,663			22,663						
9. Total		25,639	0	0	25,639	0	0	0	0	0	0
10. Hospital Patient Days Incurred		88			88						
11. Number of Inpatient Admissions		14			14						
12. Health Premiums Written (a)		12,405,275			12,405,275						
13. Life Premiums Direct		0			0						
14. Property/Casualty Premiums Written		0			0						
15. Health Premiums Earned		0			0						
16. Property/Casualty Premiums Earned		0			0						
17. Amount Paid for Provision of Health Care Services		0			0						
18. Amount Incurred for Provision of Health Care Services		0			0						

(a) For health premiums written: amount of Medicare (line XVIII) exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date			End of Current Quarter		Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 Claims Unpaid Dec. 31 of Prior Year	4 Claims Incurred During the Year	5 Claims Incurred in Prior Years (Columns 1 + 3)	
1. Comprehensive (hospital and medical)	1,041,197	8,294,148			1,041,197	1,569,977
2. Medicare Supplement					0	0
3. Denial Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (lines 1 to 8)	1,041,197	8,294,148	0		1,041,197	1,569,977
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9,10,11+12)	1,041,197	8,294,148	0		1,041,197	1,569,977
(a) Excludes \$ _____ hours or advances to providers not yet expensed.						

NOTES TO FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies and Going Concern

Basis of Accounting

The accompanying statutory financial statements of the Plan have been prepared in accordance with accounting practices outlined by the *National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures* manual subject to deviations permitted by the Ohio Department of Insurance ("ODI"). There are no material differences in the accounting practices following by the Plan from those designed by the NAIC. However, the practices by designated by the NAIC vary in certain respects from accounting principles generally accepted in the United States of America ("GAAP").

The significant differences from GAAP include the following: a) certain assets are designated as "non-admitted" assets; b) errors from prior years, if applicable, are corrected in the years financial statements as an adjustment to surplus in the aggregate write-ins for gains and losses in surplus; c) loss reserves are reported net of reinsurance ceded; and d) policy acquisition costs are expensed in the year incurred and not amortized over the life of the policy; e) surplus notes payable are included as surplus in the statements of admitted assets, liabilities, and surplus as opposed to a liability; f) interest payable on surplus notes are not accrued until approved for payment by the ODI. The Plan was formed under the MEWA laws of the Official Code of Ohio Annotated §1739.

Estimates

The preparation of financial statements in conformity with the statutory basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory financial statements and the reported amounts of revenue and expenses during the reporting period. The primary estimate made by management includes the establishment of claims reserve. Actual results could differ from those estimates.

Health Care Fees and Deferred Health Care Fees

Health care fees are recorded as revenue when earned. Deferred health care fees are recognized for amounts paid in advance by individual employers for covered benefits, prior to the effective date of the policy or for which services have not yet been provided.

Cash and Cash Equivalents

For purposes of the statements of cash flows – statutory basis, the plan considers short-term investments with an initial maturity of one year or less to be cash equivalents.

Concentration of Credit Risk

The Plan maintains cash balances at one financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation. Management monitors the soundness of this institution in an effort to minimize collection risk.

Reserve for Incurred but Not Reported Claims

Claims are recorded on the accrual basis of accounting, including a reserve for incurred but not reported claims ("IBNR"). The IBNR is estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. Such estimate is reported in the accompanying statements of admitted assets, liabilities and surplus – statutory basis at present value.

Non-admitted assets

Non-admitted assets for the period ended September 30, 2017 totaled \$0.

Going Concern

For the period ended September 30, 2017, management has determined there are no events or conditions that raise substantial doubt about the Plan's ability to continue as a going concern.

Note 2: Accounting Changes and Correction of Errors

No significant change.

Note 3: Business Combinations and Goodwill

No significant change.

Note 4: Discontinued Operations – Not Applicable

None

Note 5: Investments

No significant change.

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

There is no investment income in default that would be excluded from investment income and considered non-admitted as of September 30, 2017.

STATEMENT AS OF SEPTEMBER 30, 2017 OF The Ohio Dental Association Wellness Trust

Note 8: Derivative Investments

None

Note 9: Income Taxes

No income taxes were incurred or payments made in 2017, for taxable investment income earned in 2017. At September 30, 2017, there was no taxable income to the Plan. The Plan has no significant items which would result in a deferred tax asset or liability.

Note 10: Information Concerning Parent, Subsidiaries & Affiliated

None

Note 11: Debt

None

Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits, and Compensated Absences and Other Postretirement Benefit Plans

None

Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

On March 11, 2016, the Plan issued a \$500,000 surplus note to ODASC with an effective date of December 31, 2015. On March 22, 2016, the Plan received approval from the Superintendent of the OH DOI to record the surplus note as a Type 1 subsequent event in the 2015 financial statements. Accordingly, the proceeds from the surplus note are recorded as an admitted asset and as a component of surplus in the accompanying financial statements as of September 30, 2017 in accordance with Statements of Statutory Accounting Principles No. 9 – Subsequent Events, No. 41 – Surplus Notes and No. 72 – Surplus and Quasi-Reorganizations, and pursuant to Section 3901.72 of the Ohio Revised Code. The entire proceeds under the surplus note were received by the Plan on March 23, 2016.

The surplus note carries no interest and has no stated maturity date. All or part of the principal on the surplus note is payable on demand; however, no payment is to be made except out of the Plan's earned surplus, but only to the extent that the amount of surplus remaining after such repayment is greater than the original principal amount, and any such repayment of principal to be made by the Plan must be submitted to, and approved by, the Superintendent of the OH DOI prior to the Plan making such repayment. During the period ended September 30, 2017, there was no approved or unapproved principal paid out related to the surplus note.

Claims under the surplus note are paid out of any assets remaining after payment of all liabilities, including senior claims and any senior indebtedness of the Plan.

Note 14: Liabilities, Contingencies and Assessments

None

Note 15: Leases

None

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

None

Note 18: Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None

Note 19: Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

Note 20: Fair Value Measurement

The Plan uses the following fair value hierarchy to present its fair value disclosures:

Level 1 – Quotes (unadjusted) prices for identical assets in active markets

Level 2 – Other observable inputs, either directly or indirectly, including quoted prices for similar assets in active markets.

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

The Plan's financial assets that are measured at fair value on a recurring basis are all Level 1 investments at September 30, 2017 and are based on quoted market prices.

Note 21: Other Items

None

Note 22: Events Subsequent

None

STATEMENT AS OF SEPTEMBER 30, 2017 OF The Ohio Dental Association Wellness Trust

Note 23: Reinsurance

The Plan entered into an insurance agreement for aggregate excess loss and individual excess loss with the American Alternative Insurance Company, which covers medical and prescription benefits. Under the terms of the policy, for the quarter ended September 30, 2017, the Plan has an aggregate deductible of the greater of \$2,000,000 or 100 percent of the first Monthly Aggregate Deductible amounts times twelve, a per member deductible of \$150,000 and an aggregating specific deductible of \$60,000. Eligible expenses incurred from January 1, 2017 through December 31, 2017 and paid from January 1, 2017 through December 31, 2018 are covered under the policy however, if the policy is terminated before the end of the originally scheduled policy period set forth above, no reimbursement will be made under aggregate excess loss insurance.

Note 24: Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

Note 25: Changes to Incurred Claims and Claim Adjustment Expenses

None

Note 26: Intercompany Pooling Arrangements

None

Note 27: Structured Settlements

None

Note 28: Health Care Receivables

None

Note 29: Participating Policies

None

Note 30: Premium Deficiency Reserves

None

Note 31: Anticipated Salvage and Subrogation

None

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust
GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? _____ Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? _____ Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? _____ Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? _____ If yes, complete Schedule Y, Parts 1 and 1A. Yes [] No [X]

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? _____ Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? _____ Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? _____ Yes [] No [X] N/A [] If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

6.4 By what department or departments?

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? _____ Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? _____ Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? _____ Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? _____ Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? _____ Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
---------------------	-----------------------------	----------	----------	-----------	----------

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? _____ Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain: _____

9.2 Has the code of ethics for senior managers been amended? _____ Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s): _____

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? _____ Yes [] No []

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s): _____

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? _____ Yes [] No [X]
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: _____ \$ _____

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) _____ Yes [] No [X]
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other Invested assets in Schedule BA: _____ \$ _____

13. Amount of real estate and mortgages held in short-term investments: _____ \$ _____

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? _____ Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds _____	\$ _____ 0	\$ _____ 0
14.22 Preferred Stock _____	\$ _____ 0	\$ _____ 0
14.23 Common Stock _____	\$ _____ 0	\$ _____ 0
14.24 Short-Term Investments _____	\$ _____ 0	\$ _____ 0
14.25 Mortgage Loans on Real Estate _____	\$ _____ 0	\$ _____ 0
14.26 All Other _____	\$ _____ 0	\$ _____ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) _____	\$ _____ 0	\$ _____ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above _____	\$ _____ 0	\$ _____ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? _____ Yes [] No [X]
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? _____ Yes [] No []
 If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust
GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
16.3 Total payable for securities lending reported on the liability page.	\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? _____ Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
---------------------------	------------------------

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
--------------	------------------	------------------------------

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? _____ Yes [] No [X]

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
--------------------	--------------------	---------------------	-------------

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ("...that have access to the investment accounts"; "...handle securities")

1 Name of Firm or Individual	2 Affiliation
---------------------------------	------------------

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? _____ Yes [] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? _____ Yes [] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
--	---------------------------------	------------------------------------	----------------------	---

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? _____ Yes [X] No []

18.2 If no, list exceptions:

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent 82.0 %

1.2 A&H cost containment percent 1.0 %

1.3 A&H expense percent excluding cost containment expenses 9.1 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$ _____

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date \$ _____

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

SCHEDULE S - CEDED REINSURANCE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Direct Business Only				Deposit-Type Contracts
					5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama	AL							0	
2. Alaska	AK							0	
3. Arizona	AZ							0	
4. Arkansas	AR							0	
5. California	CA							0	
6. Colorado	CO							0	
7. Connecticut	CT							0	
8. Delaware	DE							0	
9. District of Columbia	DC							0	
10. Florida	FL							0	
11. Georgia	GA							0	
12. Hawaii	HI							0	
13. Idaho	ID							0	
14. Illinois	IL							0	
15. Indiana	IN							0	
16. Iowa	IA							0	
17. Kansas	KS							0	
18. Kentucky	KY							0	
19. Louisiana	LA							0	
20. Maine	ME							0	
21. Maryland	MD							0	
22. Massachusetts	MA							0	
23. Michigan	MI							0	
24. Minnesota	MN							0	
25. Mississippi	MS							0	
26. Missouri	MO							0	
27. Montana	MT							0	
28. Nebraska	NE							0	
29. Nevada	NV							0	
30. New Hampshire	NH							0	
31. New Jersey	NJ							0	
32. New Mexico	NM							0	
33. New York	NY							0	
34. North Carolina	NC							0	
35. North Dakota	ND							0	
36. Ohio	OH	1	12,405,275					12,405,275	
37. Oklahoma	OK							0	
38. Oregon	OR							0	
39. Pennsylvania	PA							0	
40. Rhode Island	RI							0	
41. South Carolina	SC							0	
42. South Dakota	SD							0	
43. Tennessee	TN							0	
44. Texas	TX							0	
45. Utah	UT							0	
46. Vermont	VT							0	
47. Virginia	VA							0	
48. Washington	WA							0	
49. West Virginia	WV							0	
50. Wisconsin	WI							0	
51. Wyoming	WY							0	
52. American Samoa	AS							0	
53. Guam	GU							0	
54. Puerto Rico	PR							0	
55. U.S. Virgin Islands	VI							0	
56. Northern Mariana Islands	MP							0	
57. Canada	CAN							0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	
59. Subtotal		XXX	12,405,275	0	0	0	0	12,405,275	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX							0
61. Totals (Direct Business)	(a)	1	12,405,275	0	0	0	0	12,405,275	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (O) Qualified Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

Schedule Y - Part 1

N O N E

Schedule Y - Part 1A - Detail of Insurance Holding Company System

N O N E

Schedule Y - Part 1A - Explanations

N O N E

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? _____	No

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement (Document Identifier 365)



Overflow Page for Write-ins

N O N E

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

Schedule BA - Verification - Other Long-Term Invested Assets

N O N E

Schedule D - Verification - Bonds and Stock

N O N E

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

N O N E

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

N O N E

Schedule E - Verification - Cash Equivalents

N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
NONE

Schedule A - Part 3 - Real Estate Disposed
NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of
NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open
NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Ohio Dental Association Wellness Trust

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 •
					6 First Month	7 Second Month	8 Third Month	
PNC Operating Account Ohio					2,104,780	1,393,001	984,111	XXXX
PNC Deposit Account Ohio					1,470,161	1,826,267	2,147,532	XXXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	3,574,941	3,219,268	3,131,642	XXXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Suspended Depositories	XXX	XXX						XXXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	3,574,941	3,219,268	3,131,642	XXXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXXX
0599999. Total - Cash	XXX	XXX	0	0	3,574,941	3,219,268	3,131,642	XXXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

N O N E

Medicare Part D Coverage Supplement

N O N E

ODAWT: 09/30/17 Rolling 12 Month RBC Calculation

09/30/17			
	Rate	Amount Subject to RBC	RBC Requirement
H0 Asset Risk- Affiliate with RBC			
Total		\$0	\$0
H1 Asset Risk- Other			
Cash and Cash Equivalents	0.3%	\$3,131,642	\$9,395
Total			\$9,395
H2 Underwriting Risk			
Premium		\$14,722,327	
Underwriting Risk Revenue		\$14,722,327	
Underwriting Risk Claims Ratio	85.0%		
Underwriting Risk Factor	15.0%		
Base Underwriting Risk RBC		\$1,877,097	
Managed Care Discount Factor		\$1,595,532	
RBC After Discount Factor			
Total			\$1,595,532
H3 Credit Risk			
Reinsurance Ceded in 2017	0.5%	\$192,538	\$963
Other Receivables		\$0	
Total			\$963
H4 Business Risk			
Health Administrative Expenses	7.0%	\$1,481,034	\$103,672
Total			\$103,672
Authorized Control Level RBC (100%): H0 + Square Root of (H1²+H2²+H3²+H4²)			
(Annual Statement - Five Year Historical Data Page - Line 14)			\$799,462
Company Action Level RBC (150%)			\$1,199,193
Total Adjusted Capital (Annual Statement - Five Year Historical Data Page - Line 14)			\$1,035,873
RBC Ratio			129.6%